DEPARTMENT OF PUBLIC HEALTH NURSING
UNIVERSITY OF TORONTO

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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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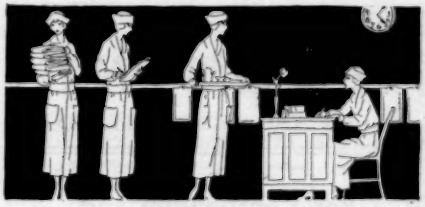

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

National Memorial Committee

At the present time the Secretary of the National Memorial Committee is carrying on an extensive correspondence with the nine Provincial Committees. As it has been impossible so far to receive replies from all of the provinces, no committee meeting has been held this month. Consequently, the January meeting will be an important one, and it is very much hoped that full provincial reports will be forwarded in good time for that. The nine provincial reports are never all received in time for the monthly meeting, and yet the National Committee is dependent upon these reports for guidance; hence its progress is slower than it might otherwise be.

It is hoped that all moneys in the hands of provincial treasurers will be forwarded immediately to the National Treasurer, Miss Katharine Davidson, 131 Crescent Street, Montreal, so that the National Committee may have an accurate idea of the progress made toward our objective.

THE GREATEST WOMEN

Where shall we find women
  Worthy of greastest fame?
To whom shall we pay the honor
  With high illumined name?

Amongst the host of claimants
  To whom is honor due?
Alas! they are ever nameless,
  Unknown to me and you.

They are out on the hill, in the valley,
  On the mountain and in the plain;
Down in the tenement cellar—
  Wherever is toil and pain.

They have followed no high ambition,
  Nor dreamed of a hall of fame;
But for nameless immortal merit
  They have changed a mortal name.

Forgetting glamor and glory,
  They have made their beds with pain;
Their years are spent in service;
  They have loved no selfish gain.

They have bartered all the battle,
  In the age old, world old strife;
Where the warriors all are martyrs,
  And lost to the records of life.

On earth shall they be nameless,
  But in God's roll of fame
Methinks their names are written
  In letters of blinding flame.

—Lena W. Brown.

Venereal Disease Control in Ontario

The facts concerning the prevalence of the venereal disease in our midst, as revealed chiefly through the examination of army recruits, came as a startling surprise to our people. The popular education carried on during the war regarding the serious nature of these diseases and their consequences, not only to the individual but to the nation itself, was sufficient to change the attitude of the public toward this question. The cure and prevention of these diseases ceased to be an individual matter, and it became a matter of national concern that they be treated until cured or non-infectious, the treatment to be paid for, if necessary, out of public funds. It was this new attitude on the part of the public that made it possible for the Governments to bring in legislation dealing with the control of venereal disease.

The Venereal Diseases Prevention Act of Ontario, which became law in July, 1918, was modelled after legislation already existing in New Zealand and Australia, and was the first of its kind in Canada. The other provinces rapidly followed the example of Ontario in this respect, and at the present time all the provinces have legislation dealing with the control of venereal disease, with the exception of Prince Edward Island. The administration of the Acts is in the hands of the local medical officer of health, and wide powers are given him through the various provisions of the Act, in order to prevent the spread of infection from these diseases.

The main provisions of the Ontario Act are as follows:—The Medical Officer of Health may order the examination of persons under arrest or in custody, or of others, upon receipt of credible information, whom he may reasonably suspect of being infected with venereal disease.

If, upon examination, such persons are found to be diseased, the medical officer of health may give such further orders for their detention, isolation, as he may consider necessary to prevent the spread of infection by them. He may also issue orders to such persons prescribing the course of conduct they must follow in order to avoid the exposure of others to infection and in regard to treatment, and may require them to produce a certificate from time to time, stating that they are under treatment.

The Medical Officer of Health may require hospitals receiving public grants to make provision for the treatment of these diseases. Suitable penalties are provided for breaches of the Act or of orders lawfully given under the Act.

Results of the enforcement of this legislation throughout Ontario are not available, but in Toronto, where the Act has been rather consistently enforced since it became law, the following results have been obtained: During the last year, January 1st, 1921, to December 31st, 1921, 1126 persons were dealt with by the Department of Public Health under the various provisions of the Act. Of 244 persons ordered examined, 121 were found to be diseased. These were persons referred to the

Medical Officer of Health from various sources as the contacts or sources of infection of other diseased individuals. Many of them were not aware they were diseased and few of them had ever been under treatment; 368 persons were placed under treatment. There were persons who, upon examination, were found to be diseased and of others reported by private physicians and clinics because they refused treatment. During the same period, of the persons examined while in custody, 175 were found to be diseased; a certain number of these were detained for varying periods of time, after their term of sentence had expired, because of the infectious nature of their disease or their mode of living made them a menace to public health.

The source of the new cases reported during last year in interesting and is as follows: Courts, 218; Clinics, 204; Military, 151; Jail, 144; Individuals, 51; Police, 34; Public Halth Nurses, 25; Other Boards of Health, 20; Private doctor, 19; Mercer Reformatory, 10; Other Reformatories, 2; Social Agencies, 2; Good Shepherd, 1; Total, 881.

The larger number of cases were reported by the Courts. This number is made up of persons who have appeared in Court charged usually with sex offences, and, as revealed by the evidence given, have been exposed to venereal disease. Of these 218 persons, 86 men and 134 women, 124 or 57% were found to be diseased. From a public health point of view, this source of case is a most important one because these are the persons who, because of their conduct, are the most prolific sources of infection. By means of the Venereal Diseases Prevention Act, much has been accomplished in the interests of public health. Many cases of these diseases have been discovered and placed under treatment, and infectious cases have been isolated and treated during the most infectious period of the disease. That the principle behind the Act is sound and has the backing of public opinion is proved by the fact that in Toronto, at least, the health authorities have never failed to secure the support of the Courts before which they have brought these cases.

In the legislature of 1920, the Dominion Government granted $200,000.00 for the work of venereal disease control. This sum was to be divided among the provinces on a per capita basis and granted on condition that the provincial governments furnish an equal amount and fulfil certain requirements laid down by the Dominion Government. Up to date all the provinces, with the exception of Prince Edward Island, have accepted the grant and are carrying on work with venereal diseases. Ontario has had, for two years, $114,000.00 to do this work. This money is administered by the Provincial Board of Health, Division of Venereal Diseases, and the activities of this Division include the establishment of free clinics, the examination and treatment of persons in penal institutions, the manufacture and distribution of the drug used in the treatment of Syphilis, and a campaign of education. Thirteen clinics have been established in eight cities as follows: Ottawa, Brantford, Hamilton, Toronto, Windsor, London, Fort William, and Owen Sound.

During the year, January 1st, 1921, to December 31st, 1921, 40,707 treatments were given in these clinics. During the same period 21,564 treatments were given in penal institutions. The clinics accomplish a very valuable public health service, not only in preventing the spread of venereal disease through the provision of free treatment for all, but more especially by locating and bringing under treatment other diseased persons, the contacts and sources of infection of patients under treatment.

The Canadian National Council for Combating Venereal Disease, a voluntary society modelled after the British organization of the same name, was organized in 1919. Branches of this organization have been formed in most of the provinces and larger cities. The Provincial Council of Ontario and the local Councils of the larger cities throughout the Province are engaged in an active campaign, chiefly along educational lines.

Looking back one realizes that in this country we have gone a long way since pre-war days in the matter of venereal disease control. Through the educational campaigns carried on by governmental and volunteer bodies, a knowledge of the nature of venereal disease and the need for treatment has become the property of the man in the street.

Wide powers over the individual, even to the extent of taking away personal liberty, have been given by the State to health authorities, in order to prevent the spread of infection in these cases. The free treatment provided for all has prevented the occurrence of many cases of infection, and no doubt much future suffering has been spared humanity.

In working for any length of time with this problem, one comes to realize, however, that the complete cure and ultimate prevention of these diseases is not to be accomplished by the provision of medical measures alone. One realizes that the original causes do not end with the spirachaeta and the gonococcus, but go down deeply into our social organization and the make-up of the individual. The removal of these causes will mean a combined effort on the part of economists, social and moral reformers and physicians. Only by this means can we hope to rid our country of venereal disease.

FRANCES BROWN,
Supervisor, Venereal Disease Nursing,
Department Public Health, Toronto.

DISMISSAL OF ENTIRE STAFF

Twelve cats employed at Hampstead Poor Law Hospital to deal with a swarm of mice are reported to have fraternized with the enemy. They have been dismissed *en bloc*. We wonder if the grievance was night duty!

Income Insurance

HUGH L. BOWMAN

The idea of an old age monthly income for a nurse as well as for every professional woman is worthy of commendation. Oftimes the woman upon whose shoulders rests merely the burden of supporting herself feels that, having no dependents, she may spend freely with no thought of to-morrow. But when we face the cold facts—that only five out of each hundred individuals starting on life's journey at age twenty-five are able to enjoy the comforts of an independent age after sixty,—we shall surely call a halt upon our extravagance. The moral is why not save systematically during the earlier years to provide for the later ones? The result of this systematic saving will be wonderful, permitting of spending the balance of the income freely without jeapordizing the small portion essential for provision against dependence upon relatives or charity.

Having in mind an adequate plan of old age provision for the professional woman, the proposals embraced in the following benefits are recommended for consideration:

(a) An Endowment maturing at age sixty.

(b) After age sixty Guaranteed Monthly Income of fifty dollars continued for life.

(c) In event of death—

  (1) Before age sixty, the Monthly Income to continue until one hundred and twenty monthly payments have been made.

  (2) After age sixty, the Monthly Income to continue as in (1) provided that one hundred and twenty monthly payments have not already been paid to the assured, in which case no further instalments shall be paid.

(d) At the end of each fifth policy year the policy is credited with the profits apportioned to it.

(e) Although the contract guarantees fifty dollars per month, the amount of each monthly payment is greatly increased by what are known as Interest Dividends.

It is generally conceded that the earning period of the average individual extends to age sixty. As a consequence the plan presented affords a means of saving during the whole of the earning period.

The provision of a death benefit is worthy of consideration. Actuarial tables tell us that out of a group of one thousand healthy individuals at the age of thirty only six hundred and sixty-two will survive age sixty. At death all worldly goods must be left behind, and why not invest our savings in a manner whereby those dearest to us will inherit not merely unpaid debts but rather a memory of thoughtfulness in our provision of wisdom. We must invest in some manner, and in no other way can an investment be made where at death further payments cease and, as a consequence, the gain to our estate may be many thousand fold.

The * * * * * * Company of Canada offer a plan precisely as the one above mentioned. This plan possesses all these features, as well as many other excellent ones. Let us consider an individual case: Age of Assured, 30. Guaranteed $50.00 Continuous Monthly Income. Amount of Annual deposit required, $205.75. Profits payable to the assured at the end of each five years.

At the end of	*Cash*	*Accumulation for Period at this year's Interest Rate (5.39%).*
Fifth Policy Year	$102.90	$ 102.90
Tenth Policy Year	153.80	277.21
Fifteenth Policy Year	188.05	548.44
Twentieth Policy Year	229.65	942.71
Twenty-fifth Policy Year	273.50	1,499.20
Thirtieth Policy Year	273.50	2,222.74

With reference to profits, the first column of "Cash" represents the amount which may be withdrawn at the end of each five years. The latter column under "Accumulation for Period" represents the total amount which would be at the credit of the assured if left on deposit with the company, subject to the present high rate of 5.39% interest. With reference to the dividend payable at the end of thirty years, it is assumed that the amount earned would only be similar to the amount earned at the end of the twenty-fifth year. as the company is only twenty-five years in existence, there is no record of a thirty-year dividend, which undoubtedly would be greater than the dividend payable at the end of twenty-five years.

Assured makes an annual deposit of	$205.75	
Total amount deposited for 30 years.....		$6,172.50
Accumulated Profits credited to assured.....		2,222.74
Net amount deposited during 30 years.....		3,949.76
Net amount per annum,.....	131.65	

That is, the assured in reality has paid only $131.65 for her investment annually.

Another feature is the privilege of borrowing funds on the policy by the assured. This privilege is particularly useful at any time when the assured might be financially embarrassed and unable to meet the amount of the deposit when it is due, and, rather than permit her policy to go by default, utilizes the borrowing privilege.

At the end of Policy Year	*Guaranteed Amount of Loan*
3	$ 190
5	390
10	1,065
15	1,835
20	2,660
25	3,650

The amount of this loan is repayable at any time with interest at six per cent. Should death occur during the period when a loan is outstanding on the contract, the amount of indebtedness shall be first deducted before any monthly payments are made to the assured's estate.

But the most important and interesting feature is the fact that monthly payments are not limited to the guaranteed amount as is the case in the majority of pension schemes. Under the Monthly Income policy, the guaranteed amount is greatly increased. In order to provide the Guaranteed Monthly Income, the company assumes that the accumulated funds on hand will earn a net rate of interest of three per cent. That is, the accumulated deposits at three per cent. will provide the Guaranteed Monthly Income for the lifetime of the assured. But the Company earns considerably in excess of three per cent., this year's rate being 5.39%. The difference of 2.39% is known as Excess Interest Dividends, which are added to each monthly income. The following is an illustration of Monthly Income Payments on the basis of the Interest Dividends being paid in 1922. Assume the assured is alive till age 75.

Year	*Monthly Payment*	*Guaranteed Amount*	*Interest Dividend*	*Total Payment*
1	1	$50.00	$	$50.00
	2	50.00	14.00	64.00
	3	50.00	13.95	63.95
6	61	50.00	11.00	61.00
11	121	50.00	8.45	58.45
16	181	50.00	7.40	57.40

There is no Interest Dividend added to the first monthly payment, because the payment is made immediately at the maturing of the contract and before the capital investment upon which the Interest Dividends are computed can have earned interest.

Features of Contract

1. A Monthly Income, beginning at the age of retirement.
2. Through the receipt of profits the annual deposit is greatly decreased.
3. The Monthly Income is greatly increased through the receipt of Excess Interest earned and added to each monthly cheque.
4. The Monthly Income in event of death (a) prior to age sixty is payable to the assured's estate (together with Excess Interest) for a period of one hundred and twenty months. (b) after age sixty, to the assured's estate until the balance of one hundred and twenty monthly instalments (with Interest Dividends) have been paid.
5. A privilege of borrowing from the Company should the assured become temporarily financially embarrassed through illness or other causes.

The Chronicles of Tonsillectomy

And behold, very early in the morning, I lifted up mine eyes and beheld two angels clad in white robes standing, one on my right side and the other on my left. And they ministered unto me.

And lo and behold, the doors opened and a chariot of shining white appeared, draped in a white robe on which never man sat, and they placed me thereon.

Then said one of the angels, she who stood on my left hand and who appeared as one in authority, "draw out now, and bear him above to the Master who dwelleth on high in the lofty palace. He it is whose shoes latchet I am not worthy to unloose. He it is who shall perform this miracle".

And behold, he who drove the chariot and whose name was Charlie, drew me hence and placed me in a cage in which were many receptacles, even receptacles of iron.

And the damsel who dwelt in the cage said to him who drove the chariot, "What a shame to be taken out with the garbage and so 'airrly in the morrn'!"

And with that we were wafted aloft even unto the heavens and entered into a lofty palace all in shiny white, and which smelled sweet in my nostrils even as the waters of Lethe, which is forgetfulness. And we came into a small antechamber also smelling of incense.

And behold, a man cometh also clad in spotless apparel with a white halo 'round his head and he saith unto me—"Ha, another victim," and removed me from the chariot and placed me upon a straight and narrow bed, exceeding hard, and thereon they bound me hand and foot and clad me in white raiment.

Then on my head, covering even unto my chin, did he place a helmet and commanded in a loud voice, saying, "Take a deep breath".

And I did as I was commanded, and behold I was wafted away on pink clouds and the sun shone gloriously and the birds sang.

Then I awoke, and lo! the same angels ministered unto me and said, "He's coming out". And I, being in torment, lifted up my voice and said, "Don't tell my wife what I said under the ether".

The King has awarded the Royal Red Cross (second class) to Miss Agnes McPherson, N. Sister, Canadian Army Medical Corps, in recognition of valuable nursing services rendered in connection with military operations in France and Flanders.

Graduation Address
Children's Hospital of Winnipeg, 1921

Address delivered to the Graduating Class of the Children's Hospital, May 19th, 1921, by the late Dr. C. C. Field, M.D., F.R.C.P.S. (Edinburgh); Professor of Pediatrics, University of Manitoba; Head of Children's Department, Winnipeg General Hospital; Staff Physician, Children's Hospital of Winnipeg; and attending Physician, Winnipeg Bureau of Child Hygiene.

It is an unexpected but exceedingly pleasant task that has fallen to my lot, in the name of the Medical Staff, to congratulate you of the Children's Hospital class of 1921 upon the completion to-night of your years of training and upon the graduation which marks so important a stage in your life's journey.

I am sure my colleagues will join with me in expressing our appreciation of your faithful work andd loyal co-operation during the years you have given to the hospital. At this parting of the ways, we bid you, in the words of one vowed to a stern sense of duty, "Hail and Farewell," and we offer our friendly and, may I say, almost paternal good wishes for your happiness and success in the calling that claims you.

In connection with that high calling, I am loath to use the word "success," tarnished is it is by its material implications in an age of false values. Success will not mean, *to you*, the prizes of the market place—yours will be the reward of service to mankind and of work to which must be brought the utmost skill of brain and head.

In defining success as it appears to the vocation of physician and nurse, it is peculiarly appropriate that I have just come, to-night, from a dinner given by the medical men of this city to one of the most distinguished of their number. Notable for his skill and wide knowledge, he is no less pre-eminent for the qualities of high-mindedness, unswerving ideals, and regard for the honor of the profession to which he is himself in turn an honor. By remaining true to the almost apostolic traditions of Medical Science, he has earned the profound respect and affection alike of his colleagues and of the community.

I can point you no better example of a man whose care has been never to lower the standard of the art of healing to which you belong; mark, to which *you belong*. It claims *you* as no other work can do—we are only links in a long and shining chain.

As you enter upon your life work, I should like to emphasize that idea of the work—that it is the privillege of our common calling to carry on for a while.

To-night you will leave your Alma Mater where your work has been under supervision and guidance; now is the moment when the responsibilities of your vocation come upon you. You must be prepared to take

them up and to put into actual operation the instruction you have received. You will sometimes feel the weight of your grave burden; you will miss the guiding hands of your hospital days, and perhaps sometimes wish you might turn back to them. But face your task, and accept the responsibility and carry it through.

The right kind of self-confidence, founded on the knowledge that you have been thoroughly trained, is an asset; the wrong kind—overconfidence—is a liability; never take it for granted that you *know* when, in reality. you are *uncertain*. And even if your daily round is arduous, it will have its compensations. You will have the supreme reward of work well done, and further, you form ties and friendships with those who, if you are what you should be, will owe you so much. You will be amazed and moved by the gratitude of many of your patients; you will find your life brings you into the closest and most intimate touch with human nature, which, after all, is what makes our little planet so interesting.

Your paths will diverge; some of you will take up public work, some private nursing, and not a few sooner or later will enter the holy bonds of matrimony; as to this last, any remarks of mine would be superfluous.

In the first career—public work—a very large field is open to you. Perhaps I may be permitted to put in a special plea for child welfare. Certainly nothing else builds as splendidly for the future. But in any branch of public nursing—institutional, school, provincial or preventive medicine—you will be an executive as well as a nurse.

In private work there is the opportunity for all those womanly gifts which make the nurse a veritable angel in the house, and the lack of which may make her quite the reverse.

Always you will need an active, ingenious and imperturbable mind. Active, in being able to apply your hospital training to meet conditions far removed from the routine work you have been doing. Ingenious, in being able to use the means at hand to meet the contingency of all cases. Imperturbability, as Dr. Osler says, means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril. It is the quality which is most appreciated by the laity, though often misunderstood by them. From its very nature this precious quality is liable to be misinterpreted, and the general accusation of hardness, so often brought against the profession, has here its foundation.

I do not believe Dr. Osler concerned himself particularly with this accusation, and neither need you. The impassiveness that keeps its head and carries on is worth all the sentimental vaporing that goes to pieces and loses the day. Sympathy is the central force of those who would heal the sick; great-heartedness their mainspring of action; but they must be strong to control the emotions that are the source of their power, that they may govern it with a lucid and unclouded mind.

Remember the long history of mercy and courage behind you. The trained nurse in her training may be the product of modern medical science, but medicine is not modern; it was born as an art—yes, even as a science—long, long ago in the antique world; and if there were physicians then, there must also have been attendants of the sick.

The Founder of Christianity Himself healed the tired bodies of men as well as their souls, and the Christian Church has no brighter page in her history than in the devotion of the religious orders to the sick during the ages of faith, when the lamp of scientific learning burned dim; but the light of charity shone bright before men.

The centuries that built the Gothic Cathedrals and fought the Crusades saw communities of men and women—monks and nuns—who gave their lives to the care of those afflicted with leprosy—saw them labor during the terrible visitations of the Plague—giving consolation to the dying—burying the dead.

A little later St. Vincent de Paul was founding the Sisters of Charity and his great hospital for incurables—without the tremendous advantages of modern scientific training in the dark period before Pasteur and Lister, when the slightest surgical operation carried through sepsis a preponderating risk of death, with no anaesthetics, no pathology, no laboratory findings as a basis of treatment, the physician and the sister devoted themselves to the unequal struggle with disease, and to-day you, inheritors of this great tradition, no less dedicated to your calling than the religious of 300 years ago, possess what *she* never had, the resources of a sure and scientifice education.

And now the last step is to be taken, your training is to become a university course—your diploma will bring with it a university degree; through the efforts of a committee practical plans are being worked out, so that probably next year every pupil nurse will be a university student —this immense benefit will profit both the profession and the laity by maintaining not only a high standard in the actual training but in the previous education of those admitted to the course.

And here I am constrained to speak for a moment of the name and title you are to bear. I should like to see in Canada, as in England, the name of sister used instead of nurse. The former is suggestive of gentleness and service; the latter, of perfunctoriness and servitude.

I should like to see a movement originating with yourselves for a re-instatement of that beautiful term "sister," which is indeed your older, as your finer name; harking back to the by-gone days of which I have spoken. I should like to see you suggest to Manitoba University that it confer some such degree as "Nursing Sister" or "Sister of Medicine" rather than the misnomer "Registered Nurse," which is certainly a feeble substitute for the name "Sister" with its heroic association with brave women during the war, and its implication of the fine humaneness of your tradition. And above all, keep yourselves worthy of that tradition. Never has there been greater need of its spirit than to-day.

You are going out into a world weary and disillusioned after the war, still torn by a struggle in which both sides frankly strive for gain —for the reward. Our place is at once above both, and yet by their side; we are, happily, outside the ground where capital and labor struggle; where one combatant claims the ascendency for material money-getting—the other for material manual work. It is for us to show that there is something higher than all this.

Let me read you again some words of Dr. Osler's:

"There is no more potent antidote to the corroding influence of Mammon than the presence in a community of a body of men devoted to science, living for investigation, and caring nothing for the lust of the eyes and the pride of life. We forget that the measure of the value of a nation to the world is neither the bushel nor the barrel, but "mind"—and that wheat and pork, though useful and necessary, are but dross in comparison with those intellectual products which alone are imperishable."

And our common calling stands for Dr. Osler's ideal almost alone in its double dedication—a moral dedication to humanity, an intellectual dedication to science

Your ambition should be towards unfailing duty and devotion to the great service you have chosen and to science, which is concerned only for truth and for the advancement of the race. Measured by your years of training, your knowledge and your responsibilities, your material reward will be small. But remember the tremendous value and importance of your work; remember that the issue is life and death, and realize what pride will be yours when you have carried your case to victory.

For it is given to you to minister to "God's Poor"—to heal the pain of the world, to lighten the dark descent to death.

To-night your feet are set in a path hard in that it will be marked by many a milestone of sadness, loss and toil; steep because it leads to the heights of self-sacrifice, but radiant because you bear the torch.

THE MUCH MALIGNED POTATO

A moderate sized potato has only the same number of calories as a slice of bread. The reason the potato is in such disrepute is not on account of itself, but because of the calories of butter or gravy that have been consumed with it.—Lulu Hunt Peters, M.D., in *The Health Builder* for November.

What is mine, even to my life, is hers I love; but the secret of my friend is not mine. —*Sir P. Sidney.*

Canadian Association of Nursing Education Department

Practical Considerations Relating to the Centralization of the Teaching in Schools of Nursing

By HARRIET M. GILLETT, R. N.

Member of the Staff of Training School Inspectors of New York State, Albany, N.Y.

The centralization of schools is not a new idea in the field of general education, although it has only recently been advocated as a means of solving some of the teaching problems in our schools of nursing. High schools, and in a larger sense colleges and universities, are really central schools, made up of pupils who in the case of the former may come from a radius of several miles, and in the case of the latter from a much greater distance. Many rural communities have centralized their elementary schools, the pupils being conveyed at the expense of the town. These schools have been in operation so long that we have lost sight of the difficulties which attended their consolidation, for the realization of the many advantages has so overbalanced the anticipated difficulties that there is no longer any question as to their continuance. It is because we see such great benefits to be derived from the centralization of schools of nursing that we urge the adoption of this method wherever possible.

The small school is especially benefited by this plan, for it is very seldom that we find a well qualified nurse instructor in charge of the class work in the small school, first because there are not enough trained instructors to go around, and naturally the nurse who has prepared herself for this type of work chooses to go to the larger school, and again because the small hospital does not feel able to pay the salary demanded by the better qualified nurse.

Without this person, who understands the importance of the proper planning of the curriculum, the class work is apt to be neglected, for the time of the Directress of Nurses is usually so occupied with hospital duties that she cannot see to the supervision of the class room instruction. Neither is there anyone available to give time to the preliminary instruction which is the chief support of the remainder of the course.

When classes are small there is a temptation not to give the subjects in the proper sequence, but to have both intermediates and seniors go to the same class, or perhaps probationers, juniors, intermediates and seniors. Because of the pursuance of this method we see probationers taking senior subjects and seniors taking the basic sciences.

With the adoption of the central school several hospitals unite in bearing the expense of a capable person to direct the class instruction. The increased number of pupils not only adds to the interest and enthusiasm, but makes it possible to arrange the work so that each class

gets the subjects best suited to its needs, and the use of one suite of class rooms for several schools does away with the duplication of expensive equipment.

Besides the economic gain which the hospitals experience from the centralization of their teaching, there is a conservation of time on the part of the medical men who lecture to the students. Often one doctor lectures in two or three different schools. He appreciates this arrangement which makes it possible for him to address these different groups together.

As we all believe that schools of nursing should be financed, in part at least, by the state, we might note in passing that one central school, where all the pupil nurses of the community receive their class instruction, will attract the attention of the public and will be much more likely to win a state appropriation than would several small schools administered as they are to-day.

Those hospitals which are venturesome enough to try the experiment of the centralization of their schools will be closely watched, and for this reason it is most important that they plan carefully, because mistakes grave enough to result in failure will tend to discourage hospitals whose more careful planning might have demonstrated to the public the wisdom of the project.

The followng pages point out some of the important points to be considered in arranging for a central school:

(1) From the beginning there must be manifest a belief in the success of the undertaking, and an active interest in it by the superintendents and the members of the training school committees of the different schools represented. This belief will help to find a happy solution for any problem that may arise.

(2) In addition to this belief there must be a hearty co-operation on the part of all in any way connected with the school. This includes the graduate staff in each hospital and the pupils. The immediate success of the project depends in a great measure on their attitude toward it, and this will be determined largely by the superintendent's attitude toward them. If she is a tactful leader and enjoys the respect and confidence of her subordinates, they will believe in the school as she does, and give it their generous support.

(3) There must be a committee in whose hands the direction of the school lies. The personnel of this committee will vary with the different types of school. Each uniting school should be represented by the superintendent of nurses, at least. In addition to this committee for the central school it may be necessary for each hospital to maintain its own training school committee.

(4) Perhaps the most important factor in the success of the school is the fitness of the person selected as the educational director. She must be tactful, fair-minded and free from favoritism, a good

executive, well versed in the principles of teaching and able to apply them. She should have had some experience in hospital supervision, as this enables her to better understand the problems of those with whom she is to co-operate. It will be necessary to pay this competent, well-trained woman of experience a good salary, as it is better for her to live away from the hospital.

(5) The principals of the schools and other members of the central committee should meet frequently with the educational director to determine the policies of the school and the details of the work. It is important that representatives of each school should be present at each meeting and that minutes of the proceedings be kept, that there may be no doubt later regarding actions taken.

(6) If the school is connected with a university, college, medical or technical school, there is no question as to the location of the class rooms. If, however, it is maintained as a separate school, class rooms must be provided, and these should be as centrally located as possible. There should be a lecture room, a demonstration room, a dietetic laboratory, and a science laboratory.

If any of the hospitals have class rooms large enough to accommodate this larger group. there is no reason why these should not be utilized. While it would be more convenient to have these together in one suite, there would seem to be no great objection to using a lecture room at one hospital and a demonstration room at another. If, however, none of the hospitals have rooms that can be made use of, it becomes necessary to rent some place for the purpose, unless arrangements can be made with the high school or some other school in the town to provide the same. There is sometimes a dietetics laboratory at the Y.W.C.A. or at the Community House which can be rented for a nominal cost, and it is often possible to make arrangements to use the high school dietetics laboratory on Saturday mornings. In some places the science laboratory at the high school is available for the use of the student nurses. Those towns which have a county laboratory furnish another possibility The pathologist in charge might be willing to co-operate in the movement by teaching the bacteriology and pathology, in which case he will probably wish to use his laboratory for some of the work.

(7) *The equipment* of the lecture and demonstration room is a very simple matter, as the different schools represented can assemble the equipment they already have. This should be evaluated and inventoried, each directress of nurses keeping a copy and one being left with the educational director. The articles which need to be added should then be determined, and the hospitals which have contributed the least should supply these until their quota has been reached, when the additional expense should be divided evenly among all. An inventory of all new equipment with its cost should be kept.

The practical demonstration room should be furnished like a small ward with at least five beds and equipment sufficient for five pupils to give the same treatment at once.

(8) Each school should keep its own reference library as at present, but the educational director should have a list of the books in each, that she may know what assignments can be made. For general use at the central school the instructor in New York State can get twenty-five books from the State Traveling Library for $2.00. If an additional twenty-five are ordered at the same time, they may be secured for one dollar extra. Renewal privileges are granted. Information regarding the traveling library may be secured by communicating directly with the Library, at the Education Building, Albany.

(9) The educational director should be responsible for all class instruction. She should see that schedules are made out, after having consulted the principals of the various schools regarding the hours for class instruction. Copies of the schedules should be sent to each school. She should confer with all part-time instructors regarding their specialties, giving them outlines of the work to be covered. She should attend these classes as frequently as possible to see that the pupils are profiting by the instruction.

She should keep class books and send reports to the different schools, giving sufficient data to complete the summary cards.

She should be responsible for the class room equipment and should be present at meeting of the committee.

(10) The principals of the schools should uphold the educational director. They should see that the pupils are relieved from hospital duty in time to get to class at the appointed hour and that the nursing procedures in the hospital conform to the class instruction. This will in many cases necessitate classes for supervisors where nursing procedures may be demonstrated and discussed.

The principals should see that their pupils are supplied with text-books at the beginning of the term. It is a great handicap to the work to have these delayed for even a short period. They should also arrange a system for the loaning of reference books, that these may be readily available.

Each principal should recruit her own pupils and make sure of their eligibility. She should arrange for the instruction to be given at the affiliating schools.

It is necessary that pupils enter at regular intervals and that the dates of entrance to the consolidating schools be the same.

(11) If the school is a department of one of the higher institutions of learning, the type of institution determines the branches which can be taught there. If it is a medical school, the majority of

the courses can be given by the members of the faculty of the medical school. If it is a technical school, subjects like chemistry, nutrition and dietetics can be given by the faculty of the school, but many of the subjects must be taught by the nurse instructors and the doctors of the community. It is advisable that the instructors be paid, whether they be doctors or laymen.

The theory of the practical nursing should be taught by the instructor, unless she teaches so many of the sciences that she does not have time for this. If possible she should teach it, or very carefully supervise its teaching, for it is the most important part of the entire curriculum, and it demands a more expert teacher than almost any other of the subjects. To be sure, many nurses can demonstrate procedures and teach pupils to be deft in movement and accurate in details, but it is more important, as well as more difficult, to make them understand why they do things as they do, and why they get or do not get the desired reaction. One must have the basic sciences very well in mind when teaching the theory of nursing, in order that connection of theory and practice may be made at every turn.

It would seem a wise arrangement for one of the graduate staff of each hospital to attend these classes in theory and conduct the class room practice of her own group of students. She could then follow their work on the wards and could conduct classes for the ward supervisors.

The practical work in connection with obstetrical, medical, surgical, communicable and children's nursing could also be taught by supervisors of these different departments under the supervision of the educational director.

The hours of instruction vary with the amount of work given. If only the minimum demanded by the New York State be given, twelve hours weekly are called for during the first two months of the preliminary course and thirteen hours weekly during the second two months.

If the course is of three years, there will remain five periods of four months each for class instruction. If during the first one of these, five hours of class work weekly are given, only three hours weekly need be given during the last two years.

If the course be two years and four months, there will be four 4-month periods for instruction after the preliminary course, and four hours of class work weekly would need to be given.

This means that with the three-year course the probationers would have two or three hours of class work daily, the juniors one hour daily and the intermediates and seniors only one hour, three days in the week. With the two years' and four months' course, the probationers would still have two or three hours of class work daily

and all others in the school one hour a day, four days in the week, or two hours twice during the week. This arrangement allows for four months each year when no classes at all are given.

The first year or so of the central school are the most difficult from the administrative standpoint, for in most cases the length of the course, the date of admission and the arrangement of the class work vary greatly in the different consolidating schools. But if the administrators believe there is a solution for all these problems, and if they have patience to persevere till the right solution is found, there is no doubt but that the central school will demonstrate its great improvement over our present unsatisfactory system; we shall all wonder why its universal adoption has been so long delayed.

By permission of the Editor of the
American Journal of Nursing.

A NURSE'S PRAYER

I dedicate myself to Thee,
O Lord, my God! This work I undertake
Alone in Thy great name, and for Thy sake.
In ministering to suffering I would learn
The sympathy that in Thy heart did burn
For those who on life's weary way
Unto diseases divers are a prey.
Take, then, mine eyes, and teach them to perceive
The ablest way each sick one to relieve.
Guide Thou my hands,
That e'en their touch may prove
The gentleness and aptness born of love.
Bless Thou my feet, and while they softly tread
May faces smile on many a sufferer's bed.
Touch Thou my lips, guide Thou my tongue,
Give me a word in season for each one.
Clothe me with patient strength all tasks to bear.
Crown me with hope and love, which know no fear,
And faith, that coming face to face with death
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide,
And through the lonely night watch by my side,
So shall I wake refreshed, with strength to pray
"Work in me, through me, Lord, this day!"

—British Journal of Nursing.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

The Canadian Central Relief Committee, formed at the commenmcement of the war, made a working arrangement whereby the Canadian Red Cross Society, the St. John Ambulance Association and the St. John Ambulance Brigade co-operated in providing auxiliary aid to British sick and wounded. Under this arrangement the Red Cross provided the funds and the Association and Brigade trained and mobilized personnel. The official report to the tenth International Red Cross Conference, which we have been privileged to see, states also that "Grants were made of $283,500 to the St. John Ambulance Brigade; $25,000 to the St. John Ambulance Association, and £2,500 to equip a ward in the St. John Ambulance Brigade Hospital at Etaples."

Slide 278. Major General George Sterling Ryerson, Hon. Colonel-in-Chief of the C. A. M. C., through whose timely action Canada's Auxiliary Volunteer forces for the care of the sick and wounded were first organized. Founder of Association of Medical Officers, Canadian Militia, 1892; General Secretary, afterwards President. Founder of St. John Ambulance Association in Canada, 1895; General Secretary 15 years; Past Vice-President; Founder Canadian Red Cross Society, 1896; Chairman of Executive 12 years; President, 1914-1916. Succeeded by Duchess of Connaught. Red Cross Commissioner with Lord Roberts' Headquarters in South African War. Served in Fenian Raid 1870; N. W. Rebellion, 1885, as Surgeon Royal Grenadiers. South African War 1900; Great War, 1915, as President of the Red Cross and Inspector of Red Cross in France; was attached to Austrian Army in 1878 as temporary Assistant Surgeon during occupation of Bosnia and Herzogovina. General Ryerson's eldest son was killed in the second battle of Ypres; his wife went down on the Lusitania. His daughter, Miss Laura Ryerson, escaped from the torpedoed vessel and was afterwards decorated as a Lady of Grace of the Order of St. John for "courage, fortitude and unselfish devotion in the Lusitania disaster."

On the retirement of General Ryerson from his Presidency of the Canadian Red Cross at the end of 1916, a resolution of appreciation of his long and active service in connection with the administration of Red Cross affairs in this country, both as the original promoter of the Society's foundation in Canada, and in his other capacities, was passed. In 1901 he was created a Knight of Grace of the Order of St. John.

Slide 279. Lady Drummond. Undoubtedly one of the most representative Canadian women of her time. Noted as a philanthropist and practical idealist, her devoted war service and splendid organizing capacity, combined with large personal means freely yielded in the national cause, made her

an important figure in the history of the Canadian Red Cross, under which she held office in London as Head of the Canadian Information Bureau for Prisoners and Casualties throughout the war, and since the spring of 1918, as Assistant Commissioner of the Canadian Red Cross Commission. In the spring of 1920 she was one of the three delegates appointed from Canada to attend the first International Conference at the League of Red Cross Societies.

Lady Drummond is the daughter of the late Mr. A. D. Parker, of Edinburgh. She was brought up and educated in Montreal, and was one of the few women of that place and time to share the higher instructional privileges of the "Ladies' Educational Association," an organization which immediately antedated the admission of women to McGill University. She married, in 1879, the Rev. George Hamilton, M.A., of Quebec, and two years after his death, which occurred in 1880, the Hon. George Drummond (later Sir George Drummond, K.C.M.G.), also of Montreal. Endowed with social position, a clear intellect, and an overflowing enthusiasm for the righteousness that is from above and for the social welfare of her community, gifted too with a natural power of expression that lent eloquence to her presentation of the many social problems that lay close to her heart, Lady Drummond stood behind practically all the social advances that were made in Montreal and the vicinity, during the two decades that ended the nineteenth and began the present century, with an influence for good that has left an indelible mark. In 1893 she assisted Lady Aberdeen in the organization of the National Council of Women in Canada, and she was elected First President of its Montreal Local Branch, and in this capacity she assisted Lady Aberdeen in formulating the plans for the organization of the Victorian Order of Nurses in Canada, and the Charity Organization Society of Montreal.

In recognition of national and civic service rendered in Canada, Lady Drummond was created, on July 30th, 1912, a Lady of Grace of the Order of St. John of Jerusalem, and in the year 1916, on the ground of a distinguished war service rendered through the organization and development of the Canadian Red Cross Information Bureau, she was raised by the King to the still higher grade of a Lady of Justice of that Order, an honor that has not been awarded to any other Canadian. At the Centenary Celebration of McGill University on October 14th, 1921, the degree of L. L. D. was conferred upon her honori causa.

Like most of those who have given their best in the nation's cause, Lady Drummond's war ministry was tinged with personal sacrifice. Her only son, Capt. Guy Drummond, fell at the head of his men during the first gas attack at the second battle of Ypres.

Illustrations of Canadian Red Cross activities in the Great War.

Slide 280. The entrance to the Canadian Red Cross Information Bureau in London, opened by Lady Drummond on February 11, 1915, the day after the first of the Canadian Contingents landed in France. Lady Drummond is seen within at her desk.

Slide 281. Canadian Red Cross Car in Princess Christian Ambulance Train (British Red Cross).

Slide 282. Motor Ambulance Convoy at Etaples, presented by the Canadian Red Cross. The ambulances were driven by women.

Slide 283. Recreation Hut, presented by the Canadian Red Cross to the McGill Hospital.

Slide 284. Chest ward at McGill Hospital. The gift of the Canadian Red Cross.

Slide 285. Recreation Hut, presented by the Ottawa Valley Red Cross to No. 1 Canadian General Hospital at Etaples.

Slide 286. Interior of fractured femur ward in Canadian Red Cross Society Hut at Etaples, showing Balkan beams in use.

Slide 287. The entrance hall of the Canadian Red Cross Special Hospital, Buxton, at Christmas, 1916, showing the characteristic Canadian decorations.

Slide 288. The Duchess of Connaught Canadian Red Cross Hospital at Taplow. One of the gardens between the wards.

Slide 289. The same Christmas decorations in Alexandra ward.

Slide 290. Sports at Taplow. Miss Edith Campbell, R.R.C., (Matron) at the Hospital. Fourth from the right in the picture.

Slide 291. God's acre at Duchess of Connaught's Canadian Red Cross Hospital at Cliveden.

Illustrations of Activities of Joint American and Canadian Red Cross in the Great War.

Slide 292. The American and Canadian Red Cross Hospital at LaPanne, Belgium. This hospital was organized in 1915 and did a magnificent work under the command of Dr. DePages, the Belgian surgeon.

Slide 293. The same. Interior of a ward.

Slide 294. The same. Operating Theatre.

(To Be Continued)

HELP HELPLESS BLIND BABES

A Dominion Charter, without stock subscription, was recently obtained for the establishment in the city of Ottawa, of a Home, Nursery, Hospital and Kindergarten, for the blind under six years of age, free to all from any Province in the Dominion. So far nothing has been done for those poor unfortunates. According to reports received from the various Provincial authorities, there are at present nearly 250 in the Dominion. The late Sir Arthur Pearson, before his death, claimed that "Sunshine Home," at Chorley Wood, England, was "the only home in the Empire for Blind babies." It is hoped shortly to have the SECOND in Canada. To this end money is urgently required. Help us with your generous gift. "Lest we forget; Do it now!" Cheques should be made payable to the Canadian Blind Babies Home Association. Remittances will be promptly acknowledged.

Address J. F. McKinley, Treasurer, or C. Blackett Robinson, Cor. Sec., 188 Dufferin Road, Ottawa.

Editorial

January 1st, 1923—New Year's Day—is now here, and what is this new year of opportunity to mean to the graduate nurses of Canada? One common complaint, and one too true of us all, is that, after graduation, the nurse settles down to work faithfully and steadily at her profession, whether it be in an executive position, public health nursing or private duty, and feels that, if her work is done well and no complaints made of her work, her whole duty is done. Is it? Are we not more than a nursing machine, however effectual we may be, and more than a mere atom in the every-day working world around us? Can we afford to allow ourselves to think, or others to think it of us, that we do not realize our position as citizens. Our provincial duties, as well as our federal privileges and duties, are often allowed to lapse, and even the franchise which was so hardly won means very little if anything to nurses. Much, very much more should be expected of us, a group of picked women, with the superior advantages of training in a school for nurses with its strong influence on our characters, giving us the poise and ability for professional responsibility that has been a cherished reputation for years as Canadian nurses. The usual complaint that the nurse has very little interest in anything outside her personal professional work, with indifference towards her nursing organizations, civic duties and privileges, and with a scant knowledge or interest in the big things of the day, is unfortunately only too true of a great many women, splendid and faithful in their narrow road. If we did not know that those women, who are working all over the Dominion for nursing progress and interested in all matters of the public good and also the busiest women holding an equally high standard for efficiency and professional ability, we might agree with the nurse who tells you she has not time to read nor can she speak at a meeting.

How many graduates feel that they have any responsibility to their training school other than to keep up, personally, the high standard set by those who trained them. Do they not owe much to the younger generation—those who are still in training? Can they not bring, by mass of numbers, pressure on governments that will allow financial support sufficient to enable the school to be a real school as other secondary schools are financed? We can do this. Other women have succeeded in getting just as difficult matters through the legislatures, but it was not sitting still and saying that "the Government" or "they" should do so and so, but by working and by pressure of numbers—voters' names—that bring these things to pass.

Our duty, neglected so far, is shown us by a resolution originally sent in by the Alberta Hospital Association to the Alberta Medical Association, and by them endorsed, saying, "That whereas it is universally recognized that the supplying of facilities for educating and training

pupil nurses is a public service, the adequate performing of which entails considerable outlay to the hospital maintaining training schools, therefore be it resolved that the 'Special Committee on Legislation' be requested to bring this matter to the attention of the Provincial Government, with a request that suitable remuneration be provided for hospitals maintaing training schools". While we are glad indeed to have this taken up by the hospitals and physicians, it is something concrete to work for. It is our right and privilege, as well as duty, one and all, to start this year with a determination that this and other kindred matters be taken up. It is easier to blame "the Government" or "they," or any of the useful camouflages, for duty undone, but as citizens, with the ballot to use, it is distinctly our own fault if we allow the present apathy and indifference to exist.

* * * *

There will be noticed in this issue an attempt to get interest started in another department—one written by the students in our Canadian Hospital Training Schools. This suggestion was put forth at the Convention in Edmonton, but thus far Saskatchewan is the only one who has sent in material. The pages of the magazine will be open, and most willingly too, to the students throughout Canada. Here is an opportunity for those in charge of schools to interest their students in the magazine and contributions to their own page.

The Nurse's Book Shelf

The fiftieth anniversary of the establishment of the Training School of the Massachusetts General Hospital, Boston, has brought forth a most interesting history of the school from the pen of Miss Sara Parsons, who for some years was Superintendent of Nurses. The story of the change from old conditions of nursing through the birth of the school to the present day conditions interest us all, and we Canadians particularly enjoy the descriptions given of the work done by Miss Brown, a Canadian, and the printed reminiscences of Miss Elizabeth Robinson Scovil, so well known to all the readers of the *Canadian Nurse* for her contributions to our pages. Miss Scovil (1880) is the literary representative of the pioneer graduates. Her article on "Home Nursing," published in 1879 in Scribner's magazine, was the fore-runner of the many articles in the magazines on this and kindred topics. She was for 12 years associate editor of the *Ladies' Home Journal,* and for 20 years a Department Editor of the *American Journal of Nursing.* This magazine has been fortunate enough to have her on our staff, and her untiring help was always at our disposal till about a year ago, when family reasons made it imperative that she leave her work for the time. The

Editor hopes that it will not be long before she again opens up her departments. Among her treasures are letters from Florence Nightingale and the remembrance of three visits to her in England. It is well for all nurses of the present day who have had the fruits of the work, thought and struggles of the brave, farsighted women who were among our first graduate nurses in Canada and the United States, to read this well-written history of one school, and "think of their mercies" who train in the schools of 1923.

This history is not only the history of the one hospital, but practically of all those first attempts to raise the standards of nursing. It is good for us to consider the struggles and hardships of these first brave women and measure ourselves by their standard.

"I asked the New Year for some motto sweet,
Some rule of life with which to guide my feet;
I asked, and paused; he answered soft and low:
'God's will to know.'
"'Will knowledge then suffice, New Year?' I cried;
And ere the question unto silence died,
The answer came: 'Nay, but remember too,
God's will to do.'"

WHAT IS GOOD POSTURE?

Good posture is that posture of the body which best helps the man to do his work day in and day out with no useless expenditure of energy, but with the best advantage to the action of the heart and lungs and all the rest of the organs of the body. Good posture is for a life time. Life is a test of endurance. Its length depends upon the ability of the internal organs to keep on working and to keep on working together.

Good posture must first favor the good working of the bodily organs and it must do this at the least expense in effort, which it must be remembered costs a certain amount of organic labor to maintain.

Good posture shows vitality just as good posture helps vitality. We know it when we see it because we feel the power and strength that is behind it. The essentials of good posture are four—the high head, the high chest, the straight back and the flat abdomen. This is an attitude of power and confidence, an evidence of lithe repose. The arms are neutral and hang naturally at the side without strain.—C. WARD CRAMPTON, M.D., in *The Health Builder* for November.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Mackenzie,
Superintendent Nursing Service,
Provincial Dept. of Health,
Halifax, N. S.

New Brunswick
Miss Harriet Meiklejohn,
Health Centre,
St. John, N. B.

Quebec
Miss I. Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss E. J. Jamieson,
Director of School Nursing,
Provincial Department of Education,
Parliament Bldgs., Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss C. M. Kier,
c-o The Y. W. C. A.,
Moose Jaw, Sask.

Alberta
Miss Elizabeth Clark,
Provincial Parliament Bldgs.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

Progress of the Public Health Section of the Canadian National Association of Trained Nurses

Resolutions passed at the annual meeting of the Public Health Section in Edmonton provided for the appointment of Committees on Publication and Education.

Miss Laura Holland, Director of Nursing Service, Ontario Red Cross, has consented to act as Convenor of the Publication Committee. Her Committee will be composed of a Public Health Nurse, chosen from the Public Health Committee of each of the eight provinces. Beginning with the February issue of the *Canadian Nurse*, this Committee will have charge of the Public Health Nursing Department of the *Canadian Nurse*.

Miss K. S. Cowan, Supervisor of Field Work, Department of Public Health Nursing, University of Toronto, will act as Convenor of the Committee on Education. The members of the Committee will be three provincial representatives chosen as representing Eastern, Central and Western Canada.

The first task assigned to this Committee is that of preparing for publication in the *Canadian Nurse* the report of Minimum Standards for Public Health Courses in Canada, read at the annual convention in Edmonton.

We are grateful to the provincial associations for the prompt appointment of Convenors of Provincial Public Health Committees for the present year. A letter indicating suggested activities for Provincial Public Health Committees has been sent by the secretary of the section to the newly appointed representatives.

The Executive of the Section wish the newly appointed Committees on Publication and Education every success, and realize that their formation indicates very definite progress in the development of the Public Health Section of the Canadian National Association of Trained Nurses.

FLORENCE EMORY,
Chairman, Public Health Section.

Industrial Nurses Hold Conference

The Industrial Nurses, who form a sub-committee of the Public Health Committee of Ontario, held their regular meeting at the Graduate Nurses' Club, Friday, November 24th, 1922.

This meeting, as usual, took the form of a dinner, during which the nurses discussed many phases of industrial nursing. Special interest was given this meeting by the presence of Miss Malloch, Industrial Nurse for McClary's, of London, and Miss B. Jones, Industrial Nurse with the Empire Cotton Mill, Welland.

After dinner, Dr Ruggles George, of the Ontario Division of the Canadian Red Cross, spoke to the nurses of the necessity of keeping in touch with new developments in Public Health Nursing through reading. The Red Cross, through their library department, brings practically all periodicals connected with Public Health within the reach of those who are interested. A bulletin, which they isssue regularly, gives a brief summary of the special articles each month, so that one is enabled to select readily the magazine that interests her and which, on request to the Red Cross, will send her.

Dr. George's talk was much appreciated by the nurses, who feel indebted to him for his suggestions. It is such talks as these which give the conferences their value.

MURIEL MACKAY, Convenor,
Sub-Committee on Industrial Nursing for Ontario.

Conference of County Public Health Nurses in the Province of Nova Scotia

The public health nurses that are working under the direction of the Department of the Public Health, in the various counties of the province of Nova Scotia, attended a conference which was held in Halifax on the 8th of November. Before the meeting opened for business or discussion, these nurses were addressed by the Provincial Health Officer, Dr. W. H. Hattie, Honourable G. H. Murray, and the Acting Provincial Red Cross Commissioner, Dr. H. A. Chisholm. At the afternoon session, matters of general interest were discussed by the nurses. A free discussion annually of the many problems encountered by these nurses is of invaluable assistance to them.

It is hoped, in the future, that this conference and the annual meeting of the Provincial Graduate Nurses' Association may be held at the same time and place so that all nurses interested in public health nursing may hold a short session.

MARGARET MACKENZIE,
Convenor, Public Health Committee, Nova Scotia.

Laurentine Health Service, Grand 'Mere, Quebec

In describing the work carried on in Grand 'Mere by the Laurentide Health Service, I wish to point out to Public Health Nurses the wide and interesting field open for them in Industrial Nursing. More and more in this democratic age do we realize the need of health work conducted on a sound economic basis. Industry supplies this and avoids all that loss of self respect to the working man arising from philanthropic agencies.

At Grand 'Mere, for a population of 8000, all directly or indirectly employed by the Laurentide Pulp & Paper Comopany, we have five nurses working on the District with a monthly average of 1100 visits. One nurse is in charge of a Child Welfare Centre, with an average attendance at weekly clinic of 30; 300 visits per month are made. One nurse at First-Aid Department in the plant averages 240 dressings per month.

Grand 'Mere being a small isolated town without hospital facilities, the Company has found it necessary to support a small hospital of 14 beds, employing four nurses.

At the Health Service office, the Company Physician examines every employee once, then at stated intervals as classed in health standards. Out of 1000 men we have found 3½% in A1 health, 66% in B2 health,

and 23½% in C3 health; the rest, who fall in class 4, are too ill to be employed. This we considered a serious state of affairs, the class B2 showing not sickness but physical imperfection due to lack of hygiene. We are in consequence putting up a continued campaign for hygiene, by lectures, moving pictures, talks to the men in the plant, and the most important, the daily teaching in the homes by the District Nurses. We also have a nurse making two visits weekly at one of the schools for inspection, but the health talks to the children are given by the teachers on the principle that some knowledge of the subject, added to the gift of teaching, goes much farther than a deeper knowledge without the ability to impart it, as found in so many otherwise excellent nurses.

In the same way a visiting nurse giving bedside care can convince her patient and the family of the value of hygiene sooner, because of the weight given her advice by her practical work.

As you can see, our work here is in its infancy. In time we hope to get nursing service into all the schools and get a better standard of health in the plant. We are aided enormously by the Insurance Department organized by our Health Director.

The assurance of the Mutual Benefit Association is carried by a committee of employees, giving nursing visits free to their policy holders, paying us, and making loans to help in many ways. We carry also the nursing for the industrial policyholders of the Metropolitan Life Insurance Company of New York.

Good insurance added to health service means a great deal to productivity. An employee worried about debts, or a sick wife, may give as low as 50% to 75% productivity, but a man with his mind free from cares, his future assured, will give 100%.

Let me say again that Health Service in industry is a sound business proposition.

For District Nurses' visits, we charge 75c, whether paid by the Insurance Company or the individual. This branch pays for itself. Hospital charges, which vary from $1.50 public to $5.00 private patients, with usual charges for operating room and X-Ray, has, of course, a monthly deficit which is paid by the Company. No hospital pays for itself by fees such as these, especially if small, but hospital maintenance is not a necessary item for most indutries who can get accommodation for their employees in city hospitals for $2.00 a day.

The dressings done at the First Aid office show a dividend, if the saving of lost time and the fee of a doctor to do each dressing, if no First Aid was supplied, are considered. In fact, leaders of industry are seeing that it does not pay to be without a good, well organized Health Service, if only from the standpoint of a tangible cash value.

The intangible good it does in such ways as improving relations between employer and employee will be, by most industrials, rated even higher than the financial side.

The nurse going to the home from the industry, whether for wage-earner or family, comes with a great opportunity for teaching health. The breadwinner looks at her through the eye of the employer who is learning more and more that good health means dollars and cents to him and his family, that it is wiser to prevent than cure, and *costs less*—that is the crux of the whole thing.

Self preservation is man's predominant ego, which we can make use of in industry better than in anything else to make a healthier, happier and more self-respecting race.

MARGARET E. JOHNSON, R.N.,
Nursing Service.

IN A HOSPITAL

By IGNATIUS I. MURPHY
Author of "Behold the Flag"
St. Elizabeth's Hospital, Lincoln, Nebraska.

On beds of pain the stricken lie
The hours passing slowly by,
While Life and Death their vigil keep
For some must die and some must weep.

Minist'ring angels come and go,
Black-robed sisters to and fro.
Of calming touch and soothing word,
No gentler voices ever heard.

The busy world beyond the pane
From which to these white cots we came
Recks little of the absent one,
The ranks are filled e'er day is done.

A moan, a groan, the Spirits nigh,
A pallor strange, the last, last sigh,
Fond hearts breaking—from anguished bed,
Perhaps to God a soul has sped.

But doctor, nurse and chaplain's prayer
A hopeful, healing message bear
And many walk the sunlit way
Of health and strength in brighter day.

Oft souls are saved in House of Pain,
For vows are made to live again
In better lives and kinder deeds
By suff'ring ones in hour of need.

Helpless, indeed, humanity,
Face to face with eternity,
Yet House of Pain, affliction's rod,
May serve for all as House of God.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Isabel Crosby, 97 Avenue Road,
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Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
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A Financial Basis for Extending the Work of the Graduate Nurse to the Whole People

By Richard M. Bradley,
Trustee of the Thomas Thompson Trust, Boston Mass.

As a layman and a business man, I wish to speak on certain economic aspects of the nursing profession, in the belief that until certain economic defects in the present methods of nursing service are recognized and dealt with by nurses and their leaders, those features of the situation which everyone knows are unsatisfactory will continue, and will not be remedied by the many efforts, legislative and otherwise, that have absorbed much of the collective energy of the profession.

For more than twenty years, in connection with the use of money in dealing with the exigencies of sickness and maternity (having had occasion to expend for the purpose many hundred thousand dollars and having dealt with very many individual cases), I have come in contact with much nursing work in its direct application to the people. In this I have seen many able and noble women expending themselves to alleviate sickness and suffering and have seen many of them insufficiently compensated, not only in money but in results; therefore I feel I may not remain silent if anything can help which may be contributed from one able to look at the matter from a somewhat different angle, the economic and financial side as contrasted with the technical and professional side.

Financial System is Primitive

It has been discovered lately that in all therapeutic work the technical advance has gone ahead of progress in financial and organization

lines, and steps are being taken in certain directions to remedy this. It would be a great misfortune if in this the graduate nurse was left out of consideration, and I therefore wish to indicate how she has been injured, and how she should come in, when dealing with plans for remedy.

Our general problem of care in sickness and maternity involves the application of modern methods to a population about 80 per cent. of which belongs to the class called independent persons of moderate means.

According to recent estimates, the body of people with incomes of $2,000, or less, received about 60 per cent. of the gross annual income of the country, or some $37,000,000,000 more or less. Since members of this class largely support the country, they must necessarily carry their own expenses, and success in giving them the advantage of modern therapeutic methods must therefore depend upon diverting an adequate part of their own income to this purpose.

Our trouble is that we are trying to operate with an old financial system that is too primitive for modern requirements.

Formerly, the ordinary family looked almost entirely to the family doctor and to the practical nurse in the emergencies of sickness and maternity, and although many lives were lost that would now be preserved, and much suffering and disability went without remedy, the financial problem was comparatively simple and was settled between the parties on personal lines. The case is different now. We have the hospital, the specialist, the surgeon, and the graduate nurse, all necessary if life and health are to be preserved, but all involving exceptional expenses.

These expenses are not of the class called regular living expenses, such as food, clothing, rent, etc., but are of what might be called the catastrophe class, like fire or accident, striking here and there and involving exceptional families at irregular times in great expenses.

They are, however, expenses that can perfectly well be met through the benefit payment or insurance method, by distributing the exceptional loss over many families and over longer periods of payments, as is done with regard to other similar expensess and as is done for certain kinds of nursing service for the poorest part of the population by the Metropolitan Insurance Company.

In this connection, I find that there is an idea that such liabilities are covered for other classes by ordinary insurance underwritings, but so far as I can ascertain such policies are very limited in their number, seldom cover service to be rendered in sickness but merely loss of earnings, and seldom even then cover more than what happens to the income earner and not what happens to the earner's dependents.

Now, what is the effect of this condition of affairs upon the various modern agencies that have sprung up to handle sickness, especially the hospital, the specialist, the surgeon and the graduate nurse?

The hospital trustee and the nursing organization committee pass around the hat with intensified effort to meet their mounting deficit. Their endeavors in too many cases fall short and have the added disadvantage of undertaking to fulfil a vital public function that cannot be adequately discharged by the contribution method. In many cases they have lamentably failed in seasons of stress. They are conducting a great and important public industry without adequate financial foundation, and they are too often confronted with the alternative of not doing necessary work or inflicting great apparent hardship by charging heavily for it. This last may also be said of the hospitals that are supported largely through payments made by their patients.

The surgeon and the specialist have evolved the practice of charging Peter for the service of Paul. The difficulty of this method, apart from the liability to abuse, is that he can no longer extract from his richer patient sufficient to give adequate service to the poorer.

The result of all this has been inadequate service, hardship and general public dissatisfaction, and I have personally seen the hard-earned results of many years' saving swept away, and independent families reduced to suffering and dependence, all through perfectly legitimate charges for services rendered by hospitals and doctors and nurses.

Nurse Deprived of Birthright

Now when does the graduate nurse find herself affected by this state of affairs? *I think it may be said that she is deprived of her birthright.* Her place is at the bedside of thousands and thousands of difficult and critical, often desperate cases, throughout the country where she is now unknown and often not even thought of. She cannot find full happiness and satisfaction in her work till this reproach is removed for which she is not to blame.

We have in the newly graduated nurse a young woman sent out from her place of education after giving three or four of her best years to preparation ostensibly to do work that is now financially inaccessible in 80 per cent. of the cases where it ought to be done. It is work at which she can probably not labor more than two-thirds of her time and retain her health and strength, and whether her hours be made longer or shorter, the years in which she can give her best powers are limited. In order to provide for herself and for her dependents, she must be adequately paid and that adequate pay must be a great expense at whatever amount it is finally placed.

She is not needed for all the cases of sickness; there are many that can be cared for by others (and should be so cared for) under her direction, and there is much work that has got to be done in the families of the sick that she cannot and should not do. But there *is* work that she should and must do in this great field all over the country now closed to her, a field that calls for all and more than all the graduates can do were that work properly organized and financed.

It is no satisfaction to her to see the morale of her profession undermined, by having the members in private nursing diverted to coddling the elderly rich or caring for the children of wealthy families in order that the mothers may shed their cares and travel, when she knows that in thousands of humble homes her services are needed by those who are suffering and dying for the lack of the skilled nursing that she alone can give. It is no satisfaction for her to find that in much organized nursing she is the pauper's rather than the people's nurse, and that the program laid out cannot possibly cover the people's needs.

Legislation Is Not Remedy

As to the remedy. It is no remedy to rely on legislation, for no more limiting of the numbers of women who do nursing will remedy the trouble. The way to overcome illegitimate competition of this kind is to do the work properly that has got to be done or to see that it is properly done. Moreover, there are none too many laborers in the field, and many now working there, if rightly organized and directed, would find a proper outlet for their energies and do their work better.

It is useless to turn to organized nursing as at present usually conducted, for that too, in spite of the examples afforded mostly in other countries, makes little or no provision for benefit payments (except through the Metropolitan).

In Chicago, all but 13 per cent. of organized nursing work depends on contributions and is limited in amount by what can be so raised. Boston is a little better but not much, and St. Paul until recently was entirely charitable as to its organized nursing. These are types. This organized work was originally started as charity, and in spite of certain valuable demonstrations, its progress in getting out to the people has at times seemed hopelessly slow; it also needs the same remedy in the same way of distributing the burden through benefit payments.

As to the nursing and medical professions, the work of properly organizing the finances of therapeutic work in this country can hardly be put upon persons whose entire energies must necessarily be taken up by technical and administrative work. The most that can be asked of them is that they shall not insist upon impossible financial methods for accomplishing that which they wish to have done.

The point of attack is the business and financial people who are responsible for your hospitals and nursing organizations. What is needed from them is less philanthropy and check drawing and more of the business brains that they give to other things. They must organize insurance and benefit payment, so that the people's needs can be met out of their own pockets. You should tell them that if they want young women to enter hospitals and become nurses, they must organize the finances of nursing so that she can do her work where she is needed when she graduates. They must do this just as they must reorganize the finances of their own hospital and surgery work, so that the ordinary independent

citizen can pay for what he needs to have supplied. Otherwise—and they are beginning to know it—they will have the whole thing taken over by the state and thrown into politics.

There are signs of better things. I hope you will watch the Henry Street work in New York, and the Missouri Valley Hospital in Kansas City, where the attempt is being made to enable people of moderate means to finance their emergency service from their own pockets. In Brattleboro, Vt., where we have at the present time a highly developed system of service for a town and country district both for home and hospital, we hope to inaugurate a system whereby it will no longer be necessary to curtail service or to create financial distress in furnishing adequate service to each case.

There is only one way out. It is no more possible to supply the people with modern service in sickness by our present methods than to pay for their fuel and groceries by passing around the hat, or to expect them to meet the cost of occasional fires out of their current income. The whole therapeutic system is debauched by out-worn charity traditions that impede its true progress, and a change is demanded. There is much money in the pockets of the people available for less important things, and it can be made available for this that is vitally important if we go to it. When the change comes I hope that the nursing profession will not let itself be left out of the going. I hope that it will be ready; and ready to lend a hand in the forming of local benefit associations to pay for hospital and nursing service, so that not only will the hospital and the specialist be provided for, but we shall have a graduate nurse available in every home when she is most needed.

—*The Modern Hospital.*

CHILDREN OF THE NEGLECTED AGE

In the last twenty-five years a vast amount has been done in teaching the care of infants. The infant mortality rate has been gratifyingly lowered. During the same period, the medical examination of school children has become nearly universal. From before their birth until they cease to be infants—at about two years old—children are watched with an ever increasing and increasingly intelligent care. From the time they begin to go to school, at about six, they are watched and examined. But from two to six, the runabout age, they are comparatively neglected. The runabout younsgters get little attention unless they are actually sick. If they are ill, the doctor is called in to cure them, but he is not often called in to examine them in order to prevent their developing ailments in incipient states.—MINER C. HILL, M.D., in *The Health Builder* for November.

Pupil Nurses' Department

Student Government in the Saskatoon City Hospital

The nurses in training at the Saskatoon City Hospital have adopted the self-governing system now so popular in many schools and colleges. The system is social, business, and disciplinary and in every way beneficial to the training school, giving the students opportunity to speak freely on subjects of interest and allowing the Lady Superintendent to address the school as a body to introduce suggestions and commands without risk of their being misunderstood. A President, Vice-President, Secretary, Treasurer, with five advisory members, forming the administration, are elected by the nurses from among themselves, and the system is known as "The Student Governing Body of Nurses," and has been in force in this school for five months, proving so far to be quite a success, creating a feeling of loyalty to the Institution as a whole, to the Faculty collectively and individually, and what seems almost bigger and finer among the nurses themselves.

The meetings are opened with a repitition of the Lord's prayer and are called on the first Monday of each month, a special additional meeting being called should any emergency arise.

The students each pay a fee monthly, first year nurses 10c, second year nurses 15c and third year nurses 20c, making a total of about $7 monthly, the money being used, with the approval of the school, for whatever purpose occasion may arise, and this month it is the intention of the training school to send a contribution to the "Nurses' Memorial Fund," $5.00 being taken from the common fund and each nurse contributing 25c extra.

Entertainments, of which the school enjoys a fair share, are arranged at these meetings, committees being formed for the performance of various duties and all expenditures discussed.

Another, and perhaps the most important object of the student governing body, is the maintenance of discipline. The rules are read to the nurse at the initial meeting, all present promising to obey, and cases of failure to observe these rules are dealt with, punishments being imposed upon the delinquents by the students themselves, thus saving the Lady Superintendent an unenviable task.

This, of course, does not include serious offences, but such faults as, "failure to be in one's own room at 10 p.m.," "failure to observe tidiness in bathrooms," "lights not out at 10 p.m.," etc.

At the last meeting of the S.B.C. the following was adopted as a school motto: "Sic vos non vobis" (thus do ye, but not for yourselves), and arrangements are now being made to produce a small entertainment for Christmas week. The nurses will invite their friends, and a silver collection will be taken up with the object of obtaining enough money to purchase a new book for the nurses' reference library.

Thus, with combined effort and cheerful co-operation, are these nurses trying to make their training school one to be numbered with almost any in Western Canada and rendering their period of training three well spent happy years.

E. WILES, Student Nurse,
Saskatoon City Hospital.

GENEROUS ACTS OF KINDNESS

The *American Journal of Nursing* for September is a monumental issue, as it contains a full report of the Proceedings of the Twenty-third Convention of the American Nurses' Association, which was called to order by the President, Miss Clara D. Noyes, on June 22nd, 1922, at the Plymouth Congregational Church, Seattle, Washington State. We were just thrilled to find recorded amongst the seven Honorary Members of this most efficiently organized Association of Nurses in the world the name of the Editor of this journal, the only foreigner upon whom the honour is bestowed since the lamented death of Miss Florence Nightingale and Miss Isla Stewart. All the pettifogging jealousy and persecution to which we have been subjected at home for standing for self-determination, especially by the majority of reactionary and ignorant persons on the General Nursing Council for England and Wales, appeared meaner than ever in comparison with the honourable recognition and generous acts of kindness we have received for over thirty years from our enlightened colleagues in the great American Republic. The above issue of the American Nurses' official organ—owned, controlled, and edited by the leading nurses in the world—contains a wealth of suggestion and information which should be at the disposal of every embryo Registered Nurse in this country: the contents are an education in themselves.—*The British Journal of Nursing.*

Sin has many tools, but a lie is the handle that fits them all.
—*O. W. Holmes.*

A cheerful face is nearly as good for an invalid as healthy weather.
—*Franklin.*

Hospitals and Nurses

NEW BRUNSWICK

St. John

Miss Foley (G.P.H.,1919), has been appointed school nurse for the county of St. John.

Miss Geralding Armstrong, of Chipman, N.B., (Massachusetts General Hospital, 1921), has been granted the scholarship of $500.00 by the Women's Institute of St. John, and is taking the course in Public Health Nursing at Toronto University.

Miss Mary E. Wetmore (G.P.H., 1918), has been forced to resign as matron of the Grand Forks, N.B., Hospital on account of ill health, and Miss Maisie Collins (G.P.H., 1922) has been appointed in her place.

Miss Eva P. Craig (G.P.H., 1920), has accepted a position as staff nurse in the Long Island Hospital, Brooklyn, N.Y.

The St. John local Chapter of Graduate Nurses held a successful dance on Nov. 15th in aid of the Nurses' Memorial Fund.

Miss Moore Harvey (G.P.H., 1922) has accepted a position as Head Nurse on the Soldiers' Wing at the St. John County Hospital.

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QUEBEC

Montreal

The members of the Public Health Nursing Course at McGill University, this year, had the pleasure of having a visit from Mrs. Charlotte Hannington, Superintendent of the Victorian Order of Nurses, when she addressed the class. The work of the public health nurse in her life after graduation, and particularly that of the V. O. of N. nurse, was stressed by Mrs. Hannington, who closed her address by an earnest appeal to the nurses to take every care of their own health, and that, in the earnest care of the health of others, the health of the nurse must be always considered.

Montreal General Hospital

Miss Miriam Gray (1918), after five years' service as Supervisor in one of the private wards, has had to resign owing to ill-health, and is to make an indefinite stay with her family in England. Miss Clara Jackson (1922) succeeds Miss Gray.

The November meeting of the Alumnae was addressed by Miss Hurlbutt, of the Royal Victoria College, on Parliamentary Procedure, and at the December gathering, Dr. Bazin interested the nurses on the subject of Lung Surgery. After the meeting Miss Barbara MacNaughton (1901), who is on furlough from China, showed many unique facsimiles of house furnishings, etc., brought with her. Miss MacNaughton has spent 13 years in China, and organized and opened a large hospital there.

Miss Laura Holland (1913) was appointed Superintendent of Ontario Division of Canadian Red Cross.

Miss Eva Jamieson (1920) resigned her position on the staff of the M.G.H. to become head of the operating room staff of Wellesley Hospital, Toronto.

The graduate nurses of Montreal have started a fund to purchase a Club House, which is very much needed by them. Recently a bazaar, bridge and dance was planned by them to increase this fund. The management of the Ritz-Carlton Hotel kindly offered the use of the ball-room, gallery, tea-room equipment and men to help put up tables, etc., free of charge, as well as supplying the orchestra for the afternoon. Booths decorated the ball-room and gallery, where bridge was played both in the afternoon and evening. The evening's entertainment was opened by a song and dance given by the Matinee Musical Club as their donation to the object. Over 3000 people attended and over $7000 was cleared. More might have been made owing to a large number of people who could not get served either at booths or tea tables. The Bazaar

was opened by Lady Drummond, whose hearty sympathy was with the nurses in their effort to buy a $30,000 club house in the near future. The nurses' friends responded and helped in various ways, adding greatly to the success. The M.G.H. booth realized $1,866,56.

* * * *

ONTARIO

GUELPH

At the October meeting of the Guelph General Hospital A. A., it was decided that, in memory of the late Dr. Beatus Sinner, who was connected with the hospital for over thirty years, the members would undertake to pay for the perpetual care of the grave of his mother in the Guelph cemetery.

Miss Bessie Anderson (G. G. H., 1920) has left for Chicago to take a post-graduate course at the Chicago Lying-in Hospital.

HAMILTON

The new residence of the nurses of Hamilton General Hospital was formally opened on October 18th, when Miss Fairley and staff were at home to the nurses' friends. A large number of people were present and a most enjoyable evening spent in dancing and cards.

Miss M. G. Pawell (H. G. H., 1922) has accepted a position as Night Supervisor in the Presbyterial Hospital, Newark, N. J.

Miss Myrtle Clark (H. G. H., 1922) has taken a position in Buffalo.

TORONTO WESTERN HOSPITAL A. A.

The Alumnae of the Toronto Western Hospital held an informal dance on November 21st in aid of the Nurses' Memorial Fund, which proved a success both financially and socially.

The annual meeting of the T. W. H. A. A. was held on December 1st, 1922. Encouraging reports were read of work done by various committees, and a most interesting address was given by Dr. Harvey Clare, of the Ontario Hospital. This was followed by the election of officers.

Miss Opal Hill (1919) has recently been appointed Supervisor of the Private wards in the T. W. H.

Convalescence is reported of Miss Richie (1917), after a serious operation, and hopes are expressed that Mrs Bell, Secretary-Treasurer of the A. A., who has been ill with pleurisy, may speedily recover.

Miss Ryde (1921) has accepted a position as Industrial Nurse with the Columbia Phonograph Co., Toronto.

LONDON

The Victoria Hospital Alumnae Association held a most successful bazaar in aid of the Nurses' Memorial Fund recently in the east ward and sunroom of the War Memorial Children s Hospital. Mrs. Eyre was general convenor, and she and her committee deserve great credit for the success of the sale.

At the November meeting of the Alumnae, a most instructive lecture on Anti-Natal Hygiene was given by Dr. W. P. Tew. With deep sorrow the alumnae referred to the death of Miss Ina Bice, an honored member, and sympathy was expressed and letters sent to members of her family.

SMITH'S FALLS GENERAL HOSPITAL.

The resignation of Miss Masterson as Superintendent of the General Hospital, Smiths Falls, was received by regret by all. The graduate nurses showed their appreciation of her by presenting her with a fitted leather club bag.

The nurses expect to have a most successful Christmas dance. Many of the married nurses are helping them to make it successful, both socially and financially.

HOSPITAL FOR SICK CHILDREN, TORONTO

Miss Panton, Superintendent of Nurses, arranged a tea for Mrs. Godson (Miss Louise Brent), to meet some of the doctors and their wives who were associated with the H. S. C. when she was Superintendent.

The pupil nurses held a very successful dance recently, realizing a large sum for the Nurses' Memorial Fund.

Miss Beatrice Sims (1915) left for Africa to do missionary work in the French Sudan.

The pupil nurses of the Hospital for Sick Children take pleasure in announcing that as a result of their dance given on November 17th, 1922, they have attained their objective—$400.00—their quota towards the National War Memorial Fund.

The following ladies acted as patronesses for the dance: Mrs. H. Cockshutt, Mrs. Irving Cameron, Mrs. H. H. Williams, Mrs. Clarence C. Starr, Mrs. Edward W. Gallie, Mrs. Alan Brown, and Miss Kathleen Panton.

Ottawa

Mrs. J. L. Chabot entertained the graduating class (1922) and the members of the Ottawa General Hospital Alumnae at her home on November 8th.

The annual tea dansant of the O. G. H. A. A. was held November 18th at the Century Rose Rooms, with the President, Mrs. J. L. Chabot, and the Vice-President, Miss Brankin, receiving. Fully 400 guests enjoyed the hospitality of the nurses. A luncheon was given the physicians at their Medical Day by the authorities of the Ottawa General Hospital, assisted by the officers and executive of the Alumnae Association.

Wellesley Hospital, Toronto

The hospital held a most successful "At Home" in Jenkins' Art Gallery, Toronto, on November 24th.

Miss Cale (1922) is taking the Social Service course at Toronto University.

Miss Paterson has been appointed Night Supervisor at the Port Hope General Hospital, Port Hope, Ontario.

Miss Emma Maylor, Vice-President of the State Board of Nurses in New Mexico, has been for some time in Toronto.

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SASKATCHEWAN

Saskatoon.

The December meeting of the Saskatoon G. N. A. was held at the home of Mrs. L. Webb. Following routine business, Mrs. W. F. Marshall, Field Secretary, Saskatchewan Division Canadian Red Cross, addressed the meeting. Miss Ruby M. Simpson, President Saskatchewan Registered Nurses' Association, who was a visitor in the city for a day or two, was also present, and addressed the nurses on the subject of the National Nurses' Memorial. Ways and means of raising the allotment for Saskatoon district of $800.00 were discussed, and a general convenor was appointed to complete arrangements for a "bridge."

On December 5th, 1922, Mrs. Alden Johns, President G. N. A., opened her home for a silver tea in aid of the Memorial Fund,—the sum of twenty-five dollars was realized.

Miss E. M. Turner, the staff and pupil nurses of the Saskatoon City Hospital, were hostesses at a silver tea given at the Nurses' Residence in aid of the Memorial Fund on December 7th, 1922. One hundred dollars was realized, and will be forwarded as the contribution of the Training School to the fund.

Miss Emily Sproule (S. C. H. 1922) has been appointed to the staff of the City Hospital, in charge of the X-Ray Department.

Scott

Miss Ethel M. Hamilton (S. C. H. 1921), who has been in charge of the Scott Hospital for the past year, has resigned. Before leaving Scott, Miss Hamilton was the guest of the Hospital Ladies Aid at the home of the President, Mrs. Hutchison. Miss Hamilton was "showered" with many useful gifts, as well as with the good wishes of all of the members.

Moose Jaw

Moose Jaw nurses had a most successful tag day on December 2nd in aid of the Nurses' Memorial Fund.

A silver tea given by the pupil nurses of the General Hospital, and also a silver tea given by Miss Cora M. Kier helped swell the fund from the Moose Jaw Nurses.

Miss Eleanor B. Renton, Superintendent of Nurses of the Moose Jaw Hospital for over the past two years, has resigned and left for her home in Guelph, Ontario. Miss Renton has taken a prominent part in the general nursing affairs of the Province, having been appointed a Councillor of the S. R. N. A. at the last Annual Meeting. She will be greatly missed in nursing circles.

Regina.

Miss Elsie M. Nicholson, Reg. N., who for over the past two years has been a member of the School Hygiene staff, resigned from the staff to accept the appointment of Director of Junior Red Cross for the Province of Saskatchewan.

Owing to Miss Jean Urquhart's departure from Saskatchewan, her resignation as Treasurer and Convenor of the Saskatchewan Memorial Committee was accepted with regret. Miss Ruby M. Simpson, President S. R. N. A., is Acting-Convenor of the Committee, and contributions to the Memorial Fund should be forwarded to her. (Address: Division of School Hygiene, Department of Education, Regina). Miss Simpson reports contributions being received from each of the Training Schools of the Province, and arrangements under way in many of the smaller hospital centers for teas and other entertainments for the raising of funds. It is hoped all funds will be in before the beginning of the New Year.

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BRITISH COLUMBIA

New Westminster

Miss Perrin (graduate Vancouver General Hospital) has recently been appointed Operating Room Supervisor at the Royal Columbian Hospital.

Th pupil nurses of the Royal Columbian Hospital held a most sccessful dance on November 24th in aid of the Nurses' Memorial Fund.

Vancouver

The Vancouver General Hospital, St. Paul's Hospital, Vancouver; St. Joseph's Hospital, Victoria; Royal Jubilee Hospital, Victoria; Royal Columbian Hospital, New Westminster; King s Daughters' Hospital, Duncan; Chemainus General Hospital, Ladysmith; General Hospital, Nanaimo; General Hospital, Prince Rupert; General Hospital, Port Simpson; General Hospital, Kootenay Lake; General Hospital (Royal Inland), Kamloops; and Queen Victoria Hospital, Revelstoke, all contributed candidates to the examinations for R. N. Certificates held November, 1922.

The following nurses were successful and are now eligible for their R. N. and certificates: Misses Christine Allen, A. Auchterlonie, Helga Becker, Edna Brook, Frances Clark, Doris Costley, Courtney Dennis, Jessie I. Dunnett, Helen Edgrin, A. M. Fisher, P. Frost, Maxwell-Gable, M. Gibson, E. Gray, A. Hart, Dorothy Haggart, E. A. Hayhurst, M. Healey, F. Hiscock, H. G. Hope, Mary Hughes, M. Hutchinson, Helen Irvine, B. Johnston, Katherine Johnston, Jessie Jones, Mary King, Freda Lang, Jean Lang, I. Layton, Lawson, Ella E. Leaney, H. Long, Dorothy Mackenrot, Julia Martin, Margaret Martin, Nellie Maxwell, M. McDonald, McNeill, G. Murray, S. Muir, D. Newsom, Dorothy Neal, M. Owen, R. Plunkett, Amelia Robertson, H. Robinson, K. Robinson, N. Rowley, F. Lynch-Staunton; Mrs. Evelyn Stibbard; Misses Edith Tennant, L. Timmons, Cora Tretheway, Anna Turnbull, Evelyn Verchere, Vera Willoughby; Mrs. Myrtle Wilson; and Miss E. Walker.

Miss Margaret Motherwell (Johns Hopkins Hospital) has accepted a position with the Coast Mission Hospitals at Alert Bay, B. C.

DUNCAN

The graduation exercises for the class of 1922 were held on December 4th in the new residence built for the nurses this year. The diplomas were presented by the Mayor, Mr. Miller, and the hospital graduating pins by Mrs. Ann Mathieson, R. N., Superintendent of Nurses. A morocca case of instruments was presented to each of the two graduates by Mrs. Mathieson, and a travelling clock given to each by the nurses in the school. The graduates were Miss Dorothy Neal and Miss Helen Irvine. A dance was held for them in the evening, when a delightful evening was spent. Both the graduates were successful in the recent examination for R. N. certificates.

THE INTERNATIONAL STUDENTS

The third Public Health course for international student nurses is now beginning at Bedford College for Women (University of London). Mrs. A. C. Carter, A.R.R.C., a former member of the Council of the College of Nursing, is in charge of the group for the coming year. Six students arrived in September, with the idea of giving some extra time to the study of English and practical work. The sixteen students represent fourteen different countries.

The names of the students and the countries they represent are as follows:—Miss Karin (Latvia); Mme. Rabello (Brazil); Miss Sucha (Czecho Slovakia); Miss Soche (Austria); Miss Xavier (Siam); Mlle. Lebel and Mlle. Aeschimann (France); Miss Cernat and Miss Bernescu (Roumania); Mme. Mijitch (Serbia); Miss Segerberg (Finland); Miss Clarke (New Zealand); Miss Simmons (Great Britain); Miss Frascara (Italy); Miss Martinez and another whose name is not yet known (Spain); Miss Jonsson (Iceland).

English nurses, we know, will extend a warm welcome to their enterprising colleagues who have been keen enough to venture so far afield in order to improve the health services of their own countries.

THE USUAL FAMILY MEDICINE CABINET

At the arrays of decoctions, pills, capsules, powders, and ointments that usually greet her when she opens the family medicine cabinet, the visiting nurse is frequently appalled. And if the trained judgment of the professional is bewildered by this jungle of drugs, how much more difficult must it be for the anxious mother, awakened in the middle of the night and fumbling amidst the motely assortment, to find the particular remedy the emergency seems to require. What not to have in the family medicine chest, judging from my own experiences as a nurse, seems equally as important as advice on what to include in your collection of household remedies. Drugs, in modern medical practise, are giving place more and more to intelligent diet, attention to bathing, exercise, and fresh air.—CLARA D. NOYES, R.N., in *The Health Builder* for November.

BIRTHS

Anderson—At 27 Gilmour St., Ottawa, Ont., to Mr. and Mrs. J. W. Anderson (Muriel Story, Ottawa General Hospital), a daughter.

Bradley—At Hornby, Ont., to Mr. and Mrs. Bradley (Nettie Mann, Guelph General Hospital, 1919), a son.

Brodie—Recently to Mr. and Mrs. F. Neil Brodie (Ida Carson, General Public Hospital, St. John, N.B., 1920) a daughter.

Brooks—At Hong Kong, China, on December 5th, 1922, to Mr. and Mrs. Charles C. Brooks (Helen Thomson, R.N.), a son.

Cairns—Recently, to Mr. and Mrs. Cairns (Irene Seamens, General Public Hospital, St. John, N. B., 1917), a son.

Leitch—To Mr. and Mrs. Hunt Leitch (Catherine Cameron, H.S.C., Toronto, 1917), a son.

Lomer—To Dr. and Mrs. T. A. Lomer, at the Ottawa Maternity Hospital, Ottawa, Ont., November 10th, 1922, a son. Mrs. Lomer was Gertrude Lynch, Ottawa General Hospital.

Moyle—To Dr. and Mrss. Moyle, on September 7th, 1922, a daughter. Mrs. Moyle was Emily Greenwood (H.S.C., 1917).

Pulley—At Saskatoon, on November 27th, 1922, to Mr. and Mrs. W. J. Pulley (Miss Baloney, Saskatoon City Hospital, 1917), a son—Jack.

Rundle—At the Oshawa General Hospital, Oshawa, Ont., November, 1922, to Doctor and Mrs. Rundle (Mable Hutchinson, Wellesley Hospital, Toronto, Ont., Class 1918), a son.

MARRIAGES

Atkinson-Hames—At Aurora, Ont., on September 20th, 1922, Edith Hames (Hospital for Sick Children, Toronto), to Mr. Earl Frederick Atkinsson.

Brackenridge-Hodge—On November 25th, 1922, by the Rev. Dr. Dickie of Knox St. Presbyterian Church, Montreal, at the residence of the bride's parents, 6501 Markland Ave., Notre Dame de Grace, Montreal, Florence Margaret Hodge (Montreal General Hospital, 1921), to James Walter Brackenridge of Selkirk, Man., and formerly of Sherbrooke, Que.

Colwell-Gilmour—In St. John, N.B., August, 1922, Althea Gilmour (General Public Hospital, 1920), to Roy Colwell.

Crearer-Newbigging—In the Central Presbyterian Church, Hamilton, Ont., on October 18th, 1922, Isabel Newbigging (Hamilton General Hospital), to Mr. Thomas Crearer.

Donald—At the City Hospital, Saskatoon, Sask., on December 12th, 1922, to Mr. and Mrs. Donald (Birdie Studdert, St. Mary's Hospital, Inslington, England, 1909), a daughter.

Enman-Schofield—At Trinity Church, St. John, New Brunswick, on September 27th, 1922, Jean Clark (Sick Children s Hospital, Toronto), to Mr. Horace Luttrell Enman.

Hastings-Nelson—At the residence of the bride's sister, Mrs. Fisher, 4344 Westmount Ave., Westmount, Montreal, Que., by Rev. Canon Shatford, Gladys Nelson (Montreal General Hospital), to Dr. R. C. Hastings, of Quebec. Dr. and Mrs. Hastings will reside in Grande Allee Apartments, Quebec City.

Laxton-Verchere—Recently, at the home of the bride's parents, Mr. and Mrs. F. Verchere, Evelyn E. Verchere (St. Paul s Hospital, Vancouver, B.C.), to Arthur E. Laxton. Mr. and Mrs. Laxton will reside in Mission, B.C.

Macwhinney-Macintosh—In September, 1922, Olive J. Macintosh, General Public Hospital, St. John, 1916), to Herman Macwhinney.

Malcolm-Peters—At Vancouver, November 25th, 1922, by the Rev. J. R. Robertson, Margaret Jean Peters (Vancouver General Hospital) to Gordon Frederick Malcolm. Mr. and Mrs. Malcolm will reside in Vancouver.

Mason-Lockhart—On October 10th, 1922, at New Glasgow, N.S., Lillian Lockhart (Montreal General Hospital, 1922), to Mr. Victor Mason, both of New Glasgow, N.S.

Robinson-Bayne—At Salem, Ont., on November 2nd, 1922, Emma Bayne (Guelph General Hospital, 1916), to Mr. Edward Robinson.

Robson-Freethy—In Saskatoon, Sask., on December 6th, 1922, Ethel Freethy (Saskatoon City Hospital, 1919), to Mr. Clinton R. Robson, of Zealandia, Sask.

Scully-Dolan—At St. Peter's Roman Catholic Church, Toronto, Ont., on October 30th, 1922, by Rev. Father Noon, C.S.P., Anne Dolan, St. Michael's Hospital, Toronto, (Class 1908), to Thomas E. Scully.

Wearing-King—In Castle Memorial Chapel, McMaster University, Toronto, Ont., on December 12th, 1922, by the Rev. Dr. Bates, Laeta King (Woodstock General Hospital, 1917, to Rev. Dr. Thomas Wearing, Principal of the Baptist College, Woodstock, Ont.

Webster-Hamilton—At Knox Church Manse, Saskatoon, Sask., December 27th, 1922, Ethel M. Hamilton (Saskatoon City Hospital, 1921), to Garnet A. Webster. Mr. and Mrs. Webster will reside in Unity, Sask.

Woodworth-Knight—In Chilliwack, B.C., on December 30th, 1922, Ethelyn (Essie), daughter of Mr. and Mrs. Wm. Knight (Vancouver General Hospital), to Clifford T. Wooodworth, B.A., of Prince Rupert, B.C.

DEATHS

Bice—On November 19th, 1922, at the Victoria Hospital, London, Ont., Ina Bice, graduate Victoria Hospital, London (Class 1913), after an illness of two weeks.

Duncan—At Beverton, Ont., on December 5th, 1922, Miss Jenneth F. Duncan, graduate of Montreal General Hospital, 1904.

Gordon—At the Vancouver General Hospital, Vancouver, B.C., on December 3rd, 1922, Alice Gordon (Nanaimo General Hospital, Nanaimo, B.C.). Miss Gordon had been for some time staff nurse at the Vancouver Annex, Eburne.

Mackenzie—At the Military Hospital, St. Anne de Bellevue, Que., on December 15th, 1922, John David Mackenzie, M.C. Ph. D., beloved husband of Isabel Lord (Nursing Sister C.A.M.C., graduate of Vancouver General Hospital). Interment at Vancouver, B.C.

McLaren—Ruth McLaren (Regina General Hospital, 1919), met death by accident at Berwyn, Illinois, on November 21st, 1922, being struck by a train. Sympathy is extended to her mother and other members of her family.

Rowan—At St. John, N.B., the infant daughter of Mr. and Mrs. Rowan (Miss Gunning, Montreal General Hospital, 1921).

There is a great deal more leisure in a busy life than people would think. They may say they have no leisure because they have no large pieces of time, but they may have little slices of time. In most busy lives there are intervals of leisure in which to restore the balance, if we knew how to use them.—*Public Health Nurse.*

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President, Miss Laura M. Hubley, Cogswell St. Hospital, Halifax City; Honorary President, Miss Katherin Graiene, Health Center No. 1. Gottingen St., City; Rec. Secretary, Miss Gertrude Crosby, 344 Gottingen St., City; Corresponding Secretary, Miss A. M. Goddart, Health Center No. 1, Gottingen St., City.

THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President, Miss Margaret Murdock, General Public Hospital, St. John; Vice-Presidents, Misses S. E. Brophy, A. Branscombe, A. J. MacMaster, E. Keyes, V. Winslow, B. Budd, Rev. Sister Carrol; Recording Secretary, Miss Maud E. Retallick; Corresponding Secretary, Mrs. T. B. Reynolds, 21 Kennedy Place, St. John; Treasurer, Miss E. J. Mitchell, Gen. Pub. Hosp., St. John; Additional Members, Misses B. B. Howe, H. T. Meiklejohn, D. E. Coates, L. Gregory; Registrar, Miss A. MacMaster, Moncton, N.B.; Public Health Convenor, Miss H. T. Meicklejohn, 134 Sidney St.

"Canadian Nurse" Representative, Miss A. L. Burns, Moncton.

SCHOOL FOR GRADUATE NURSES OF McGILL UNIVERSITY ALUMNAE ASSOCIATION

President, Miss Ethel Shappe, 43 Windsor Ave., Westmount, P. Q.; Vice-President, Miss Frances Reed, Montreal General Hospital; Secretary-Treasurer, Miss Martha Armstrong, 1003 Dorchester St., Montreal.

"Canadian Nurse" Representative—Miss Myrtle Ross, Royal Victoria Hospital, Montreal.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.

President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.

ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan;; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Honorary President. Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Miss Leguin, 1540 St. Herbert St., Montreal; First Vice-President, Miss Frances, Women's Hospital; Second Vice-President, Mrs. Kirk, 2289 Waverley St., Montreal; Secretary-Treasurer, Miss Thomson, 1003 Dorchester St. W.

Convenors of Committees—Finance, Miss Trench; Sick Visiting, Miss L. Drew, Miss Francis.

Representative to "Canadian Nurse", Miss S. Dewer, 786 Shuter St., Montreal.

Regular Monthly Meeting, third Wednesday at 8 p.m.

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Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

Maternity Hospital—Last 8 months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
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Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE MONTREAL GENERAL HOSPITAL, MONTREAL

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Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

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Regular Meeting, First Tuesday, 8 p.m.

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Press Representative—Miss Jean Campbell, 72 Hendrick Ave., Toronto, Ont.

Regular Meeting—First Monday of every month.

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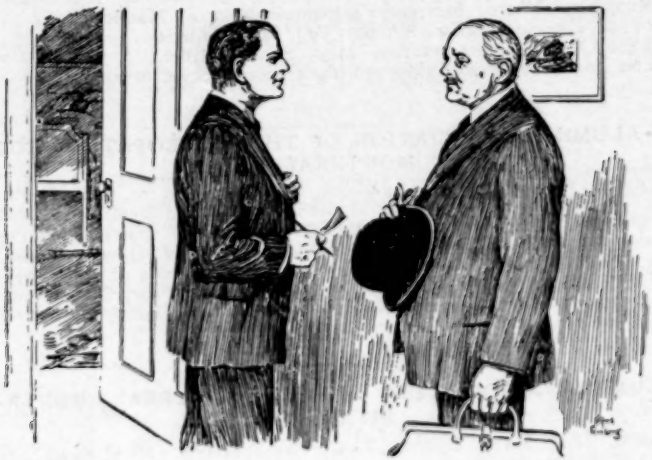
Regular Meetings—The third Wednesday of each month in the Public Hospital.



DR. SENIOR: "Do not be in too big a hurry, Doctor, to reduce the temperature. Fever is not a disease you know—it is only a manifestation of disease—it is really an indicator."

DR. JUNIOR: "Why—I always thought it of first importance to reduce the temperature—and usually resorted to antipyretic drugs internally—Guaiacol externally—ice packs—in fact anything to bring down the temperature."

DR. SENIOR: "Such steps will reduce the temperature—but they have no salutary effect on the condition responsible for the elevated temperature. There is but one safe way—remove the cause. Would you smash the steam indicator to prevent the boiler from exploding? You would not—you would withdraw the fire which causes the steam. In using these so-called antipyretics you often disguise the condition—you smash the indicator——."

DR. JUNIOR: "And you don't recommend cold packs for this case?—"

DR. SENIOR: "Certainly not!—we will get at the temperature by using an agent that will favor the elimination of toxic substances and at the same time bleed the patient into his own capillaries, thereby relieving the heart. If you don't know the name of this 'sheet anchor' in pneumonia, the mainstay of thousands of physicians for thirty years, it is high time, my boy, that you did—ask the Antiphlogistine people to send you their, "Pneumonic Lung Booklet."

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Representative to Ottawa Chapter—Miss M. Nelson.

Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL.

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Regular Meetings, First Friday of each month at 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA.

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Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

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(Incorporated 1918) Officers 1922-1923

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Representative "Canadian Nurse" Magazine, Miss Mary Sluin, 204 Stanley Avenue, Ottawa.

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Incorporated 1908. Officers 1922-23

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Regular Meetings—Second Thursday of each Month.

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"Canadian Nurse" and Press Representative, Mrs. Kenneth Carson, 150 King Street, Kingston.

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"Canadian Nurse" Representative, Miss O. Waterman, Nicholls' Hospital.

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Sick Visiting Committee—Misses H. Fagan and A. Brohman.

Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.

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Representatives to the Local Council of Women—Miss Beckett, Miss Nagle, Miss Dermody.

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Canadian Nurse Representative—Miss Maysie Marriott.

Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

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Executive Committee—Misses Cook, Malcolm, Bennett, Crane and Mills.

Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

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Canadian Nurse Representative—Miss N. Casey, Chatham, Ontario.

Regular Meeting—First Monday, 3 p.m.

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Honorary-President, Miss E. MacLean; President, Mrs. W. E. Ogden, 9 Spadina Road; Vice-President, Miss Agnes Bodley; Secretary-Treasurer, Mrs. W. J. Smither, 40 Wellesley Street (N6257-W.).

Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p. m.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Regular Meetings—Second Friday of each alternate month.

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Programme Committee, Miss O. Hatley, Riverdale Isolation Hospital, Toronto; Miss Craig, Riverdale Isolation Hospital, Toronto; Mrs. White, 85 Mairn Avenue Toronto.

Representative to Toronto Chapter, Miss A. Davidson, 322 Brunswick Avenue, Toronto.

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Regular Meeting—Second Monday of each month.

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Regular Meeting—First Friday, 7.30 p.m.

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